

## Family History and Cancer Risk Assessment - 1

*Please choose from the responses offered. Comments can be written anywhere on the form.*

1. The main focus of your practice could best be described as:

- |                    |                                  |
|--------------------|----------------------------------|
| 1. Family Practice | 2. Internal Medicine             |
| 3. OB/GYN          | 4. Other (please specify): _____ |
- 

2. The approximate number of physicians in your practice group is: \_\_\_\_\_

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3. The Zip Code for your usual practice location is: \_\_\_\_\_

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4. Your practice group is:

- 1. within an academic medical center
  - 2. affiliated with an academic medical center
  - 3. not affiliated with an academic medical center
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5. Your year of graduation from medical school was: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

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6. Your sex is:      1. female              2. male

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7. Your racial background is... (choose any applicable categories):

- |                           |                           |              |
|---------------------------|---------------------------|--------------|
| 1. African American/Black | 2. Asian/Pacific Islander | 3. Caucasian |
| 4. Native American        | 5. Other _____            |              |
- 

8. Your ethnic background is:    1. Hispanic      2. not Hispanic

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## Family History and Cancer Risk Assessment - 2

*Questions 9-14 are about family history-taking in general.*

9. What method(s) do you use to obtain family history information from your patients?

- |                           |           |            |
|---------------------------|-----------|------------|
| a. patient-completed form | <b>NO</b> | <b>YES</b> |
| b. physician interview    | <b>NO</b> | <b>YES</b> |
| c. nurse interview        | <b>NO</b> | <b>YES</b> |
| d. other method:          | _____     |            |
- 

10. How often do you collect and record family history information from your patients in the following situations?

- |  | <u>never</u> |   |   |   | <u>always</u> |
|--|--------------|---|---|---|---------------|
| a. new patient - first or second visit | 1            | 2 | 3 | 4 | 5             |
| b. urgent visit (e.g. URI)             | 1            | 2 | 3 | 4 | 5             |
| c. chronic disease management visit    | 1            | 2 | 3 | 4 | 5             |
| d. periodic exam visit                 | 1            | 2 | 3 | 4 | 5             |
- 

11. How often do you include these types of relatives when you collect family history information from your patients?

- |                       | <u>never</u> |   |   |   | <u>always</u> |
|-----------------------|--------------|---|---|---|---------------|
| a. parents            | 1            | 2 | 3 | 4 | 5             |
| b. children           | 1            | 2 | 3 | 4 | 5             |
| c. siblings           | 1            | 2 | 3 | 4 | 5             |
| d. grandparents       | 1            | 2 | 3 | 4 | 5             |
| e. aunts and uncles   | 1            | 2 | 3 | 4 | 5             |
| f. nieces and nephews | 1            | 2 | 3 | 4 | 5             |
| g. cousins            | 1            | 2 | 3 | 4 | 5             |
- 

12. When you collect family history information, how often do you include the following details?

- |                     | <u>never</u> |   |   |   | <u>always</u> |
|---------------------|--------------|---|---|---|---------------|
| a. diagnosis        | 1            | 2 | 3 | 4 | 5             |
| b. age of diagnosis | 1            | 2 | 3 | 4 | 5             |
| c. treatment        | 1            | 2 | 3 | 4 | 5             |
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### Family History and Cancer Risk Assessment - 3

13. The following statements summarize possible reasons to collect detailed family history information. Choose the response closest to your opinion.

	<u>disagree</u>				<u>agree</u>			
a. assist in interpreting current symptoms	1	2	3	4	1	2	3	4
b. better address patient's concerns	1	2	3	4	1	2	3	4
c. better understand risk of future disease	1	2	3	4	1	2	3	4
d. better rationale for screening schedules or modalities	1	2	3	4	1	2	3	4
e. basis for providing preventive guidance to patients	1	2	3	4	1	2	3	4
f. provides guidance for considering chemoprevention	1	2	3	4	1	2	3	4
g. this is a standard of care	1	2	3	4	1	2	3	4

14. The following statements summarize possible reasons to NOT collect detailed family history information. Choose the response closest to your opinion.

	<u>disagree</u>				<u>agree</u>			
a. less important than other office visit tasks	1	2	3	4	1	2	3	4
b. difficult to interpret risk based on family history	1	2	3	4	1	2	3	4
c. difficult to communicate risk based on family history	1	2	3	4	1	2	3	4
d. scientific basis for using this information not well-established	1	2	3	4	1	2	3	4
e. limited practical applications of family history information	1	2	3	4	1	2	3	4
f. patients often have limited knowledge of family history	1	2	3	4	1	2	3	4
g. identifying elevated risk may cause unproductive anxiety	1	2	3	4	1	2	3	4

*The remaining questions are about family history and cancer.*

15. How often do you use any of these resources to assess a patient's cancer risk based on family history?

	<u>never</u>				<u>always</u>			
a. discuss with a colleague	1	2	3	4	1	2	3	4
b. discuss with a specialist	1	2	3	4	1	2	3	4
c. refer to a specialist	1	2	3	4	1	2	3	4
d. professional organization guidelines	1	2	3	4	1	2	3	4
e. insurance company guidelines	1	2	3	4	1	2	3	4
f. other published guidelines	1	2	3	4	1	2	3	4
g. on-line resources (e.g. UpToDate)	1	2	3	4	1	2	3	4

h. other resources used: \_\_\_\_\_

## Family History and Cancer Risk Assessment - 4

16. Rate your level of confidence that you can identify a patient who may be at increased risk of breast cancer based on her family history. (Mark anywhere on the 0-10 scale.)

0	1	2	3	4	5	6	7	8	9	10
<b>not at all confident</b>										<b>completely confident</b>

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17. Rate your level of confidence that you can identify a patient who may be at increased risk of colon cancer based on his or her family history.

0	1	2	3	4	5	6	7	8	9	10
<b>not at all confident</b>										<b>completely confident</b>

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18. Which of the following recommendations would you be likely to make for a patient who appeared to be at high risk for breast cancer based on your assessment of her family history?

	<u>unlikely</u>				<u>likely</u>
a. earlier initiation of screening	1	2	3	4	5
b. increased frequency of screening	1	2	3	4	5
c. immediate referral to specialist	1	2	3	4	5
d. lifestyle modification	1	2	3	4	5
e. chemoprevention (e.g. tamoxifen)	1	2	3	4	5
f. prophylactic surgery	1	2	3	4	5
g. referral for genetic counseling	1	2	3	4	5
h. other likely recommendation: _____					

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19. Which of the following recommendations would you be likely to make for a patient who appeared to be at high risk for colon cancer based on your assessment of his or her family history?

	<u>unlikely</u>				<u>likely</u>
a. earlier initiation of screening	1	2	3	4	5
b. increased frequency of screening	1	2	3	4	5
c. immediate referral to specialist	1	2	3	4	5
d. lifestyle modification	1	2	3	4	5
e. chemoprevention (e.g. NSAID)	1	2	3	4	5
f. referral for genetic counseling	1	2	3	4	5
g. other likely recommendation: _____					

## Family History and Cancer Risk Assessment - 5

20. Rate your level of confidence that you can effectively manage a patient who is at increased risk of breast cancer based on your assessment of her family history.

0	1	2	3	4	5	6	7	8	9	10
<b>not at all confident</b>					<b>completely confident</b>					

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21. Rate your level of confidence that you can effectively manage a patient who is at increased risk of colon cancer based on your assessment of his or her family history.

0	1	2	3	4	5	6	7	8	9	10
<b>not at all confident</b>					<b>completely confident</b>					

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22. Have you ever referred a patient for genetic counseling or testing because of questions raised by a family history of cancer?

NO      YES

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23. Have you ever referred a patient for genetic counseling or testing because of questions raised by any other family history issue?

NO      YES

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24. Have you ever referred a patient for genetic counseling or testing primarily because of that patient's request?

NO      YES

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25. The following statements summarize possible reasons to refer patients for genetic counseling or testing because of a suggestive family history of cancer. Choose the response closest to your opinion.

	<u>disagree</u>			<u>agree</u>
a. potentially beneficial to patients	1	2	3	4
b. potentially relevant to clinical decisions	1	2	3	4
c. counseling and testing services are readily accessible	1	2	3	4
d. potentially productive cancer control strategy	1	2	3	4
e. possible liability if do not fully evaluate for hereditary cancer syndrome	1	2	3	4
f. some patients strongly express a need for genetic testing	1	2	3	4
g. referral is the standard of care when history is suggestive	1	2	3	4
h. a useful genetic test is available for the disease of interest	1	2	3	4

## Family History and Cancer Risk Assessment - 6

26. The following statements summarize possible reasons to NOT refer patients for genetic counseling or testing because of a suggestive family history of cancer. Choose the response closest to your opinion.

	<u>disagree</u>			<u>agree</u>	
	1	2	3	4	
a. uncertain value of results	1	2	3	4	
b. poor quality of feedback to referring physician	1	2	3	4	
c. counseling and testing services are not readily accessible	1	2	3	4	
d. informative tests are available for very few diseases	1	2	3	4	
e. patient reluctance	1	2	3	4	
f. high financial cost to patient	1	2	3	4	
g. possibility of insurance discrimination	1	2	3	4	
h. genetic counseling and testing are not now standard care	1	2	3	4	

27. How useful might each of the following be in augmenting your ability to assess cancer risk associated with family histories?

	<u>unlikely to be useful</u>				<u>likely to be useful</u>
	1	2	3	4	5
a. education programs at <u>national</u> meetings	1	2	3	4	5
b. education programs at <u>local</u> meetings	1	2	3	4	5
c. office-based educational program	1	2	3	4	5
d. education programs on CD/DVD	1	2	3	4	5
e. published guidelines	1	2	3	4	5
f. peer-reviewed journal articles	1	2	3	4	5
g. other published reference materials	1	2	3	4	5
h. succinct protocols	1	2	3	4	5
i. on-line guidelines	1	2	3	4	5
j. on-line reference sources (e.g. UpToDate)	1	2	3	4	5
k. local computer software with decision support	1	2	3	4	5

l. other useful educational or reference resources: \_\_\_\_\_

Thank you for completing this survey. Please return it in the addressed stamped envelope to

*[investigator address]*

Send the addressed postcard separately when your questionnaire is mailed.